

LOCALITY TRANSFER REQUEST

Requesting locality should complete Part I and forward via certified mail to the locality receiving the request.

Once the locality receiving the request has completed Part II - please fax this form and a copy of the certified mail receipt to the Department of Taxation at (804) 786-3911, or mail completed form to Department of Taxation, P.O. Box 5123, Richmond, VA 23220

Part I

Date:	Requesting Locality:				
Contact Name:				Telephone Number: ()	
Fax Number: ()		Email Address:			
Business Name:					
Tax Account Address (Physical Location):		Tax Account Number	Tax Account Period(s)		FIPS CODE
			From:	To:	Locality From
			FIPS CODE		Locality To
Type of Tax: <input type="checkbox"/> Sales and Use Tax <input type="checkbox"/> Motor Vehicle Rental Tax Reason for Request: <input type="checkbox"/> This is a new address. This business moved on ____ / ____ / ____ . <input type="checkbox"/> This is a correction of the registration record. Please transfer all sales tax distributions on this account since ____ / ____ / ____ . <input type="checkbox"/> Other: _____ COR/Director of Finance: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Printed Name) (Signature) </div>					

Part II

Locality Receiving Request			
<input type="checkbox"/> I agree with the request to transfer funds to above locality. <input type="checkbox"/> I do not agree with the request to transfer funds to above locality. Reason: _____ <input type="checkbox"/> No response from other locality, 60 days have elapsed			
COR/Director of Finance: _____		Contact Person: _____	
(Printed Name)		(Signature)	
		Phone Number: _____	